PTORBING (10-07)

PTORBING (10-07)

Approved for use invoyin cacalogogo, onto gost and trademark office; U.S. Performent of conditions of trademark office; U.S. DEPARTMENT OF COMMERCE

DATENT ADDITION FOR DEPENDING A CONSTRUCTION OF THE CONTROL O PATENT APPLICATION FEE DETERMINATION RESERVED Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE (\$) FEE (\$) RATE (\$) FEE (\$) (\$7 CFR 1.16(e), (b); or (c) N/A N/A AVA N/A SEARCH FEE M/A (87 CFR 1.16(k), (f), or (m) 11/6 N/A N/A **EXAMINATION FEE** N/A (37 OFR 1.16(e), (p), or (q)) NIA NVA NIA TOTAL CLAIMS (37 CFR 1.16(f) mlnus 20 = 25 = 50 OR INDEPENDENT CLAIMS (37 CFR 1.16(h)) × 105 = 210 If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$260 (\$130 for small entity) for each (37 CFR 1,16(k)) additional 50 sheets or fraction thereof, See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1:16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.18(III) 185. 370 " if the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN Column 1) (Column 2) (Column 3) OR SMALL ENTITY CLAIMS SMALL ENTITY HIGHEST REMAINING NUMBER PRESENT RATE (\$) ADDI-RATE (\$) AFTER ADDI-PREVIOUSLY FYTRA TIONAL FEE (\$1 TIONAL FEE (\$) DMENT PAID FOR Total. × 25 x . 50 OF Independent Of DER 1.150m ď × 105 = × 210 : OB Application Size Fee (37 CFR 1, 16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(I)) 185 340 OR TOTAL ADD'L FEE ADD'L FEE (Column 1) CLAIMS (Column 3) HIGHEST m REMAINING PRESENT NUMBER PREVIOUSLY RATE (\$) RATE (\$) ADDI-TIONAL AFTER MENT MENDMENT TIONAL PAID FOR FEE (\$) FEE (\$) Total (37 CFR 1.16(7) Minus x 25 × 50 OB Independent AMEN 105 OR × 210 = ration Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(0)) 185 370 OR TOTAL TOTAL OR ADD'LFEF ADD'L FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, onler "20". "I the "Highest Number Privaduary Peals For IN THIS SPACE is less than 20, enter "20".
"I the "Highest Number Privaduary Peal For IN THIS SPACE is less than 30, enter "20".
"I the "Highest Number Privaduary Peal For IN THIS SPACE is less than 3, enter "20".
The "Highest Number Privaduary Peal For IN THIS SPACE is less than 3, enter "20".
The Telephest Number Privaduary Peal For IN This Indivadion is the elegated to debtien or retain a benefit by the public which is to fire (and by the Individual SPACE is a second or second privadion or the Individual Control of the Individual Control

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450,